Childcare Service/OSCAR Programme
supervisor's form

This form needs to be completed by the supervisor of the childcare or OSCAR programme.

The information is required under section 298 of the Social Security Act 2018.

Childcare service/ OSCAR programme details

Keep this application moving

So the subsidy can start from the day the child starts the programme, we need the application before the child's first day. This is especially important for school holidays.

Your childcare service or OSCAR programme must already be approved to provide childcare and have a Work and Income childcare service/OSCAR provider number.

1 **What is the name of your childcare service/OSCAR programme?**

Camp Columba - July Day Programme
(Full week - Early + Late)

2 **What is your Work and Income childcare service/OSCAR provider number?**

9 0 0 | 0 2 0 | 4 4 2

3 **What are your organisation's contact details?**

Work phone	(03) 205 3702
Mobile phone	( )
Email	holidaycamps @ campcolumba.org.nz

INFORMATION FOR Q4:
If you offer 20 Hours ECE you can't charge a fee for those hours. The Childcare Subsidy cannot be used to cover any donations or optional charges that may be asked.

4 **Does your childcare service offer 20 Hours ECE?**

[✓] No   [ ] Yes

5 **Do you charge a holding or absence fee?**

[✓] No   [ ] Yes

HOW TO ANSWER Q6:

Please tell us your hourly fee after you've applied any discount (for example staff discount) but before any Work and Income subsidy is applied.

If you don't have an hourly fee (for example if you have a session fee), please write `N/A' in this box and just tell us the total weekly fee, before subsidy.

6 Please provide details of the care for each child.

Child 1
Child's full name

Hours of care (weekly total)		Hours of 20 Hours ECE received (weekly total)	
Care start date	15 / 7 / 24	Care end date – OSCAR only	19 / 7 / 24
Your hourly fee (before subsidy)	$	Total weekly fee (before subsidy)	$ 250

Child 2
Child's full name

Hours of care (weekly total)		Hours of 20 Hours ECE received (weekly total)	
Care start date	/ /	Care end date – OSCAR only	/ /
Your hourly fee (before subsidy)	$	Total weekly fee (before subsidy)	$

Child 3
Child's full name

Hours of care (weekly total)		Hours of 20 Hours ECE received (weekly total)	
Care start date	/ /	Care end date – OSCAR only	/ /
Your hourly fee (before subsidy)	$	Total weekly fee (before subsidy)	$

Child 4
Child's full name

Hours of care (weekly total)		Hours of 20 Hours ECE received (weekly total)	
Care start date	/ /	Care end date – OSCAR only	/ /
Your hourly fee (before subsidy)	$	Total weekly fee (before subsidy)	$

Supervisor's statement

- The information I have provided is true and complete.
- I have authority to complete this form for my organisation.

Supervisor's name (print)	Supervisor's signature	Day	Month	Year
Melissa Clark	MJClark.	13	5	2024